

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

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Skaria 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name)	2. Surname (Last Name)		3. Date
Rinku	Skaria		24-April-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Zain Khalpey	s Name
5. Manuscript Title PATH TO PRECISION: PREVENTION OF P OPERATIVE ATRIAL FIBRILLATION	OST-		
6. Manuscript Identifying Number (if you kr JTD-19-3875	now it)	_	
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as described the "Add +" box. You should replace there any relevant conflicts of interesting the specific place.	ibed in the instructions. Use port relationships that we lest? Yes No prmation below.	se one line for each enti re present during the 3	ty; add as many lines as you need by
Name of Entity	Grant? Personal Fees? S	n-Financial upport?	Comments
			nternship at Philips Research North merica
Section 4. Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the w	ork? ☐ Yes ✓ No

Skaria 2



Section 5. Polationships not sovered above
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Parvaneh 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Saman	2. Surname (Last Name) Parvaneh		3. Date 24-April-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author	or's Name	
5. Manuscript Title PATH TO PRECISION: PREVENTION OF POST- OPERATIVE ATRIAL FIBRILLATION				
6. Manuscript Identifying Number (if you ki JTD-19-3875	now it)	_		
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Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)?			ent, commercial, private foundation, etc.) for udy design, manuscript preparation,	
Are there any relevant conflicts of interest? Yes Vo				
Section 3. Relevant financial activities outside the submitted work.				
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. Us	e one line for each er	ntity; add as many lines as you need by	
Are there any relevant conflicts of interest				
If yes, please fill out the appropriate info	ormation below.			
Name of Entity	Grant? Personal Fees? So	n-Financial upport?	Comments	
Philips Research North America			Was working at Philips Research North America at the time of drafting and submission	
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Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work? ☐ Yes ✓ No	

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Section 5.	
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Zhou 1



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Given Name (First Name) Sophia	2. Surname (Last Name) Zhou		3. Date 24-April-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author	or's Name
5. Manuscript Title PATH TO PRECISION: PREVENTION OF P OPERATIVE ATRIAL FIBRILLATION	OST-		
6. Manuscript Identifying Number (if you kr JTD-19-3875	now it)	_	
Section 2. The Work Under Co			
	but not limited to grants, da	a third party (governm	ent, commercial, private foundation, etc.) for rudy design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Us	se one line for each e	ntity; add as many lines as you need by
Are there any relevant conflicts of interest lf yes, please fill out the appropriate info			
Name of Entity	Grant? Personal Nor	n-Financial Other?	Comments
			Work - Research consultant for Philips Research North America
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Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work? ☐ Yes ✓ No

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Konhilas 1



Section 1.	Identifying Inform	aation	
1. Given Name (Fi John	rst Name)	2. Surname (Last Name) Konhilas	3. Date 24-April-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Zain Khalpey
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6. Manuscript Idei JTD-19-3875	ntifying Number (if you kn	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
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Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	the appropriate boxes i a) with entities as descri	n the table to indicate wh bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyric	uhte.
	intenectual Proper	ty Patents & Copyrig	gnits ————————————————————————————————————
Do you have any	patents, whether plani	ned, pending or issued, br	oadly relevant to the work? Yes V No

Konhilas 2



Section 5.	Relationships not covered above				
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?				
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Dr. Konhilas has	nothing to disclose.				

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Wanjiru 1



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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Zain Khalpey	
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1. Given Name (Fi Genoveffa	rst Name)	2. Surname (Last Name) Devers		3. Date 24-April-2020
4. Are you the cor	corresponding author? Yes No			
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6. Manuscript Idei JTD-19-3875	ntifying Number (if you kr	now it)	_	
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Section 2.	The Work Under Co	onsideration for Public	ation	
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Section 3.	Relevant financial	activities outside the s	ubmitted work.	
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Section 4.	Intellectual Proper	rty Patents & Copyric	ıhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work	☐ Yes ✓ No</th

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Section 5. Polationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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Dr. Devers reports other from null, outside the submitted work; .

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Licensed: The patent has been licensed to an entity, whether

earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

Kim 1



Section 1. Identifying Inform				
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Given Name (First Name) James	2. Surname (Last Name) Kim	3. Date 24-April-2020		
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Zain Khalpey		
5. Manuscript Title PATH TO PRECISION: PREVENTION OF F OPERATIVE ATRIAL FIBRILLATION	POST-			
6. Manuscript Identifying Number (if you k JTD-19-3875	now it)	_		
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Section 4. Intellectual Prope	rty Patents & Copyric	ahts		
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Section 5.				
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Mr. Kim has noth	ning to disclose.			

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Section 1.	Identifying Inform	nation			
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4. Are you the cor	responding author?	✓ Yes No			
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Name of Entity		Grant? Personal Non Fees? Su	-Financial Other?	Comments	
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Do you have any	patents, whether plan	ned, pending or issued, bro	padly relevant to the wo	rk? Yes 🗸 No	

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Section 5.				
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